

## NOTICE OF INDEPENDENT REVIEW DECISION

June 19, 2002

Requestor

Respondent

RE: Injured Worker:

MDR Tracking #: M2-02-0594-01

IRO Certificate #: 4326

\_\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a \_\_\_\_ physician reviewer who is board certified in neurological surgery, which is the same specialty as the treating physician. The \_\_\_\_ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This 59 year old male sustained a back injury at work on \_\_\_\_\_. He is status post L4-5 micro-lumbar discectomy in 1993. The patient has multilevel lumbar degenerative disc disease with foraminal protrusion at L2-3 on the left and L3-4 extending to both neural foramen and 2mm L5-S1 disc protrusion. He continues to complain of low back pain and right leg pain, numbness, and tingling. The treating neurosurgeon is recommending that the patient undergo a lumbar discogram with CT scan.

### Requested Service(s)

Lumbar discogram with post CT scan

### Decision

It is determined that the lumbar discogram with post CT scan is medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

It is reasonable to pursue a discogram in this patient who has multilevel lumbar degenerative disease and foraminal protrusion at multiple levels. This would aid in delineating the etiology of the patient's complaint, since conservative management of the patient's symptoms has failed. Therefore, it is determined that the lumbar discogram with post CT scan is medically necessary to treat this patient's condition.

This decision by the IRO is deemed to be a TWCC decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

cc: David Martinez, Chief Medical Dispute Resolution, Medical Review Division, TWCC